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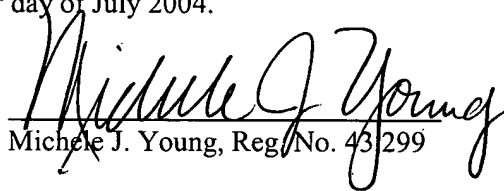
UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: SADLER, Kenneth George et al.  
Serial No: 10/049,578  
Filed: February 13, 2002  
For: APPLICATOR FOR SURGICAL CLIPS  
Examiner: Roberts, Paul A.  
Art Unit: 3731

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Michele J. Young, Reg/No. 43299

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Commissioner for Patents - Mail Stop Amendment with Fee  
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Dear Sir/Madam:

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

In response to the Election/Restriction mailed March 19, 2004, as extended, Applicant respectfully requests reconsideration.

3731

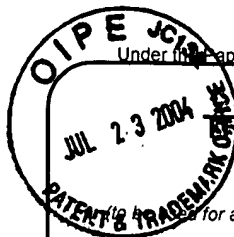
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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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# TRANSMITTAL FORM

(Use for all correspondence after initial filing)

Application Number		10/049,578
Filing Date		February 13, 2000
First Named Inventor		SADLER, Kenneth George et al.
Art Unit		3731
Examiner Name		Roberts, Paul A.
Attorney Docket Number		02606
Total Number of Pages in This Submission	10	

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="font-family: cursive; font-size: 1.2em;">Postcard</div>
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michele J. Young, Reg. No. 43,299		
Signature			
Date	July 19, 2004		

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Michele J. Young, SALTER & MICHAELSON		
Signature	<i>[Handwritten Signature]</i>	Date	July 19, 2004

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